

Test No. _____

PRESSURE TEST RECORD

Job No. _____

Company: _____ Date: _____

Location/Address of line: _____

Check at least one : Yard line___ Service line___ Main___ Transmission___

Type of pipe: P.E.___ Steel___ Other_____ Pipe specifications: _____

Pipe diameter:_____ Length of pipe tested:_____ Wall thickness / SDR: _____

M.A.O.P. of line:_____ Test pressure required:_____ Test time required: _____
(plastic lines must test to at least 150% of the MAOP or 50 psig which ever is higher)

Test medium: Air___ Water___ Natural gas___ Nitrogen___ Other_____

**FIELD
DATA:**

Starting pressure:_____ Starting time: _____

Ending pressure: _____ Ending time: _____

Pressure loss or gain:_____ Total test time: _____

Reason for loss / gain: _____

Corrective measures taken: _____

Signed by: _____
(person responsible for test)

Sketch or Comments: